

APPLICATION/AMENDMENT FORM Federal Funds Under Individuals with Disabilities Education Act Due to OPI: June 23, 2006

FUNDING AUTHORITY
IDEA-B Flow-Through
CFDA #84.027A
IDEA Section 619 Preschool
CFDA #84.173A

	www.opi.mt.gov				011	JA #04.170A				
PART I—PROJECT APPROVAL STATISTICAL DATA AND ABSTRACT										
1. Prime Applicant:										
	District/Cooperative Name				Legal Entity					
2.	Project Director:									
	Name		Address		ZIP	Telephone				
	Name		Address			Тетернопе				
			E-mail							
3.	Business Manager/Clerk:		•							
	Name		Address		ZIP	Telephone				
			E-mail							
4.	Maintenance of Fiscal Effort (Sec. 300.231) Complete (a) and (b). Refer to the maintenance of effort report provided to you by the OPI for FY '04 (school year 04-05). (a) 04-05 school year expenditures— Total amount of state and local funds expended for special education. Total \$									
5.	Statement of Assurances									
	Assurance is made by the	Coho - 1 F	Diatriot Name	that it will impl	ement special ed	ucation and				
	School District Name related services consistent with all requirements of the Individuals with Disabilities Education Improvement Act of 2004 (PL 108-446) and all current federal regulations, state policies, procedures, and administrative rules developed under the Individuals with Disabilities Education Act Amendments of 1997 (PL 105-17) that are not inconsistent with IDEA PL 108-446. In those cases in which a current special education federal regulation, state policy, procedure, or administrative rule is inconsistent with IDEA 2004 (PL 108-446) the district shall implement procedures consistent with the requirements of PL 108-446. The Board of Trustees submitted a Common Assurances form to the Office of Public Instruction in spring 2002 and no circumstances affecting the validity of the assurances have changed since its submittal.									
	Signature — Designated Authorized Representative for the IDEA Part B/Preschool Program Applications									

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E-mail

1. List all participating districts.	
<u>District</u> <u>County</u>	
2. Check here if a cooperative has adopted a clause in its interlocal agreement that empowers the cooperative to apply for Part B and Preschool funds on behalf of member districts.	
If there is no such clause in the interlocal agreement, all member districts other than the prin applicant must complete number 3, page 3, "Participating Districts Other Than Prime Applicant District—Statement of Assurances."	ie

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3.	Participating Districts Other Than Prime / Applicant District — Statement of Assurances									
	If there is no clause in the interlocal agreement that empowers the applicant to apply for Part B and Preschool funds on behalf of participating districts, this form must be completed and signed by the chairperson of the Board of Trustees for each district (other than the prime applicant district) participating in this project application.									
	School District No.: County: School Name:									
	☐ Elem ☐ HS									
CE	RTIFICATION									
A.	A. The Board of Trustees of the above-named school district in a meeting held on to file an application for the district to make to file an application for the district to make representations, and to make commitments on behalf of the district under the provisions of the Individuals with Disabilities Education Act, as amended by PL 108-446, and the Department of Education's General Administrative Regulations (EDGAR).									
B.	tive and fiscal agent for the project and is authorized to receive and expend, for the conduct of this project, funds belonging to the above district in the amount not to exceed that which is approved for the district by the Superintendent of Public Instruction.									
	School District Name					Elementary School High School				
			OR							
	County Superintendent Name				County					
D.	D. The Board of Trustees has reviewed all information and data contained in this application and has approved the project for submission to the Office of Public Instruction.									
	Signature—Chairperson of the Board of Trustees Date									

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PART III—LOCAL EDUCATION AGENCY PROGRAM DATA

Each	participating	district within	the cooper	rative or co	nsolidated a	application t	that is eligil	ole to	receive
a Par	t B entitleme	nt must comp	lete the info	ormation on	n pages 4 ar	nd 5.			

A. Maintenance of Fiscal Effort (Sec. 300.231)

Complete (a) and (b). Refer to the maintenance of effort report provided on the OPI Web site at www.opi.mt.gov/SpecED/MOE.html for FY '05 (school year 04-05).

or special education.

06-07 ensuing school year budget—
 Total amount of state and local funds budgeted for special education.

\$

B. **Private/Nonpublic School Information** (Sec. 300.450-300.462)

1.	Are there pr	ivate/nonpublic	elementary	or se	condary	schools	located	within	the	district's
	boundaries?	Yes	No	(If no	, the dis	trict does	not nee	d to co	mpl	ete 2-5.)

 Describe how the district consulted with representatives of private school children to decide which children will receive services, what services will be provided, and where the services are to be provided.

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	3.	Identify the special education services to be provided (e.g., speech, special education teacher consultative services in the 06-07 school year).	
	4.	Identify the location of where the services will be provided (e.g., at the public school).	
	5.	Attach a copy of the district's completed "Count of Private/Nonpublic School Students who are IDEA-Eligible" form (this was required to be completed on December 1, 2005).	
C.	Ass	urance is made by the that it will implement	
9.	spe abili polic Edu In th	School District Name School Di	- e s
	Sign	ature—Authorized School Representative	

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PART IV—EQUIPMENT (PART B)
The applicant must identify each piece of equipment with a per unit cost of \$5,000 or more that the applicant intends to purchase with project funds. Additionally, the applicant must provide a detailed justification for the purchase of each equipment item.
Equipment Item:
Justification for Equipment Purchase:

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PART IV—EQUIPMENT (PRESCHOOL)							
The applicant must identify each piece of equipment with a per unit cost of \$5,000 or more that the applicant intends to purchase with project funds. Additionally, the applicant must provide a detailed justification for the purchase of each equipment item.							
Equipment Item:							
Justification for Equipment Purchase:							

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Linda McCulloch, Superintendent Office of Public Instruction Division of Special Education PO Box 202501 Helena, Montana 59620-2501 www.opi.mt.gov

The Individuals with Disabilities Education Act (IDEA) Part B – Annual Project Budget 2006-2007

CFDA #84.027A

CONTINGENT UPON AVAILABILITY OF FEDERAL FUNDS The budget period is July 1-June 30. Amendments to this budget may occur up to project close-out, but no later than June 1. Prime Applicant District: Legal Entity: _____ Project Number:_ **Proposed Budget Approved Budget 1 Approved Budget 2 Approved Budget 3 Budget Items** 1. Salaries and Benefits Objects 1xx, 2xx 2. Operating Expenses Objects 3xx, 4xx, 5xx, 6xx, 8xx 3. SUB-TOTAL DIRECT COSTS 4. Indirect Costs @ _____% (See back for directions.) 5. Equipment (\$5,000 or more per unit) Attach Details and Justification Object 7xx 6. Transfer to other districts 6200-930 7. TOTAL BUDGET OPI Use Only: Approved by/Date **OPI Use Only**

For assistance, contact Marlene Wallis at 444-2504.

INSTRUCTIONS

- 1. Use whole dollar amounts only.
- 2. The district person responsible for accounting should be given a copy of the budget and personnel pages.
- 3. All instructional supplies and equipment approved for purchase with these funds must be ordered 90 days prior to close of project.
- 4. Last date to amend this budget is 30 days prior to close of project.



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The Individuals with Disabilities Education Act (IDEA) Preschool – Annual Project Budget 2006-2007

CFDA #84.173A

CONTINGENT UPON AVAILABILITY OF FEDERAL FUNDS The budget period is July 1-June 30. Amendments to this budget may occur up to project close-out, but no later than June 1.										
Prime Applicant District: Legal Entity: Project Number:										
Budget Items	Proposed Budget	Approved Budget 1	Approved Budget 2 Approved Bu							
Salaries and Benefits Objects 1xx, 2xx										
2. Operating Expenses Objects 3xx, 4xx, 5xx, 6xx, 8xx										
3. SUB-TOTAL DIRECT COSTS										
4. Indirect Costs @% (See back for directions.)										
5. Equipment (\$5,000 or more per unit) Attach Details and Justification Object 7xx										
6. Transfer to other districts 6200-930										
7. TOTAL BUDGET										
OPI Use Only: Approved by/Date	OPI Use Only: Approved by/Date									
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